

**[Exhibit A]**  
**2016 Iowa Balance of State Continuum of Care (CoC)**  
**Letter of Intent Form**  
**For New Coordinated Entry Projects (SSO)**

<b>All New Projects</b>	
a. Name and Location of Agency	
b. Name and Location of New Project	
c. Type of Project	<input type="checkbox"/> New Project <input type="checkbox"/> Voluntary Reallocation New Project
d. Project Component	<input type="checkbox"/> Permanent Supportive Housing for chronically homeless individuals and families <input type="checkbox"/> Rapid Rehousing for individuals, including HUD-prioritized populations <input type="checkbox"/> Supportive Services for centralized/coordinated assessment
e. Amount Requested	\$ _____
f. Primary Agency Contact Person	Name: _____ Email: _____ Phone: _____
g. Alternate Agency Contact Person	Name: _____ Email: _____ Phone: _____
h. Federal identification/registration	DUNS #: _____ Date of IRS 501(c)(3) status determination letter: _____ SAM Registration Current? <input type="checkbox"/> yes <input type="checkbox"/> no
i. Two-three sentence description of project	
<b>Additional Items for Voluntary Reallocation Projects</b>	
j. Name of renewal project being reallocated	
k. Eligible current renewal amount	\$ _____
l. Retained by renewal project: \$ _____	Reallocated for new project: \$ _____ Additional requested for new project: \$ _____